

SBI Life – Waiver of Premium Rider - Linked (UIN: 111A049V01)
An Individual, Linked, Non-Participating, Pure Risk Health Insurance Rider

Rider Document
SBI Life – Waiver of Premium Rider – Linked (UIN 111A049V01)
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This is Your Rider Document. It contains the applicable terms and conditions for Your Rider benefits. Please read the terms and conditions and keep this Rider Document safely.

This Rider Document is issued along with and attached to the Base Policy and must be read together with the Base Policy Document.

Part A

Welcome Letter | Policy Preamble | Policy Schedule

Please refer to the Base Policy Document for these details.

Part B

Definitions

The terms defined below shall have the meaning attributed to them wherever they appear in the Rider Document. All terms defined in the Base Policy and used in this Rider Document in defined form will have the same meaning as defined in the Base Policy Document.

Expressions	Meanings
1. Accident	means a sudden, unforeseen and involuntary event caused by external, and visible and violent means which causes Bodily Injury but excludes illness and diseases.
2. Accidental Permanent Disability Total	refers to a disability: a. which is caused by Bodily Injury resulting from an accident, and b. which occurs due to the said Bodily Injury solely, directly and independently of any other causes, and c. which occurs within 180 days of the occurrence of such accident and d. for which the Benefit shall be applicable even if the disability happens after the policy expiry subject to the following: i. Accident happens when the policy is in force and ii. Accidental disability happens within 180 days of this Accident.
3. Base Policy	means the Policy terms and conditions (Base Policy Document) to which this Rider is attached.
4. Bodily Injury	means Injury that must be evidenced by external signs such as contusion, bruise and wound except in cases of drowning and internal Injury.
5. Date of Commencement of the Rider	means the start date of the Rider as stated in the Policy Schedule.
6. Date of Diagnosis	This will be the date on which the medical practitioner first examines the Life Assured and certifies the diagnosis of any of the illnesses or conditions covered under the rider policy.
7. Date of Expiry	means the date stated in the Policy Schedule on which the Rider Term expires or the Rider has been terminated, whichever is earlier.
8. Future Premium	means premiums payable in future under the Base Policy (including extra premium, if any) and rider premium, if any, except for Waiver of Premium rider

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Expressions	Meanings
9. Injury	means accidental physical bodily harm excluding any illness, solely and directly caused by an external, violent, visible and evident means which is verified and certified by a Medical Practitioner
10. Life Assured	the proposer under the Base Policy would be the Life Assured under the waiver of premium rider
11. Loss of Sight	shall mean total, permanent and irrecoverable Loss of Sight of both eyes or One Eye as a result of accident. The blindness must be confirmed by an Ophthalmologist. The blindness is evidenced by: - corrected visual acuity being 3/60 or less in both eyes or one eye or; - the field of vision being less than 10 degrees in both eyes or one eye. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedures.
12. Medical Practitioner	Medical Practitioner” means a person who holds a valid registration from the medical council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured covered under this Policy or the Policyholder or is not a spouse, lineal relative of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/Life Insured
13. Premium Due Date	is the date specified in the Policy Schedule on which the Premium becomes due. If the said corresponding date is not available in a calendar month, then the last day of the calendar month will be considered for this purpose
14. Rider	is Waiver of Premium Rider issued by Us.
15. Rider Premium	means the premium due under the Rider at the intervals and in the amounts specified in the Policy Schedule.
16. Rider Premium Payment Term	means the period specified in the Policy Schedule, during which Rider Premiums are payable. If the rider is opted at inception of the Base Policy, the premium payment term shall be same as premium payment term of the Base Policy. If rider is opted at subsequent policy anniversary of the Base Policy, the premium payment term shall be equal to the outstanding premium payment term of the Base Policy.
17. Rider Term	is the period commencing with the Date of Commencement of the Rider and terminating on the Date of Expiry.
18. Survival Period	Shall mean a period of 30 days from the date of diagnosis of specified critical illnesses covered under the rider, during which the life assured must survive for the claim to be admitted. There may be a longer survival period for specific illnesses as mentioned in the respective illnesses.
19. Total Rider Premiums Paid	means the total of all the Rider Premiums paid, excluding any extra premium and taxes, if collected explicitly.
20. Waiting Period	waiting period is the period starting from Rider policy inception or date of Rider revival during which no rider (Waiver of Premium) benefits will be admissible in case of occurrence of specified Critical Illnesses covered and is a period of 90 days from Rider Policy inception or from any subsequent Rider reinstatement, whichever is later.

Part C

I. CONDITIONS PRECEDENT TO CONTRACT

1. Rider Premiums

- 1.1. You must pay the Rider Premium due for this Rider along with the premium for the Base Policy. We will not accept Rider Premium on a standalone basis.
- 1.2. Please refer to the Policy Schedule for details on Rider Premium Due Dates and premium payment modes.
- 1.3. Please refer to the Base Policy for the other terms and conditions relating to premium payments and the consequences of non-payment of premium by the due dates.
- 1.4. If the premium mode of the Base Policy is changed, the Rider Premium mode will also automatically change.

2. Misstatement of Age

- 2.1. Please refer to Clause I “*Conditions Precedent to Contract*” of the Base Policy for details pertaining to the misstatement of age provision which apply under the Base Policy and to the Rider.

3. Non-Disclosure

- 3.1. Please refer to Clause I “*Conditions Precedent to Contract*” of the Base Policy for details pertaining to the non-disclosure provision which apply under the Base Policy and to the Rider.

4. Nomination

- 4.1. Please refer to Clause I “*Conditions Precedent to Contract*” of the Base Policy for details pertaining to the nomination provision which apply under the Base Policy and to the Rider.

II. CONDITIONS APPLICABLE DURING THE POLICY TERM

RIDER BENEFITS

1. Waiver of Premium

- 1.1. On the occurrence of any covered contingencies during the Premium Payment Term of the Rider, We will waive all the Future Premium (s) for the Base Policy and Rider (s), if any, and the Base Policy and Rider (s), if any, will continue to operate as an in-force, wherein, all the Future Premium (s), for the Base Policy and Rider (s), if any, will be paid by Us on Your behalf on the Premium Due Date.
- 1.2. Covered contingencies will depend on the whether the Proposer and Life Assured are same or different under the Base Policy to which this Rider is attached.
- 1.3. **If Proposer and Life Assured are same under the Base Policy**, covered contingencies are:
 - 1.3.1. Accidental Total Permanent Disability (ATPD)
 - 1.3.2. Diagnosis of any one of the covered Critical Illness (CI)
- 1.4. **If Proposer and Life Assured are different under the Base Policy**, covered contingencies are:
 - 1.4.1. Death of the Proposer
 - 1.4.2. Accidental Total Permanent Disability (ATPD) of the Proposer
 - 1.4.3. Diagnosis of any one of the covered Critical Illness (CI) of the Proposer
- 1.5. This Rider is designed for the Proposer of the Base Policy, who pays the premium for Base Policy and the rider cover will continue on the proposer life even after vesting of the base policy for minor life.
- 1.6. Once a claim is accepted under this Rider, the Waiver of Premium rider will terminate.

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- 1.7. If any instalment premium has been received after the date of occurrence of the insured event, the same will be refunded.
- 1.8. Waiver of Premium will apply on the Base Policy and other Riders attached to the Base Policy as on date of attachment on this Rider

Where the Waiver of Premium (WOP) Rider and other riders are attached at the same time, the waiver benefit shall extend to the base policy and all such attached riders. In cases where riders are already attached and the WOP Rider is added at a subsequent policy anniversary; the waiver benefit shall be applicable to the base policy and all riders attached as on that date. Once the WOP Rider has been attached, no further riders shall be allowed to be added at subsequent policy anniversaries.

2. Maturity Benefit

- 2.1. There is no maturity benefit offered and/or available under this Rider.

DETAILS OF COVERED CONTINGENCIES

3. Accidental Total and Permanent Disability

- 3.1. A Life Assured shall be regarded as being totally and permanently disabled under a "Presumptive" definition of disability, only if that life, due to Accident, has been subject to one (or more) of the following impairments:
 - 3.1.1. the total and permanent Loss of Sight in both eyes, or
 - 3.1.2. the loss by physical severance (or total and permanent loss of use) of two limbs at or above the wrist or ankle, or
 - 3.1.3. the total and permanent Loss of Sight in one eye and the loss by physical severance (or total and permanent loss of use) of one limb at or above the wrist or ankle.
- 3.2. In order for Waiver of Premium to be applicable, such disability must have persisted continuously for a period of at least 180 days and must, in the opinion of a suitable Medical Practitioner, appointed by the Company, be deemed permanent. The 180 days waiting period to establish permanence of disability is not applicable in case of loss by physical severance

4. Covered Critical Illness:

4.1. Cancer of Specified Severity:

- 4.1.1. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- 4.1.2. **Exclusions:** the following are excluded –
 - 4.1.2.1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN1, CIN - 2 and CIN-3.
 - 4.1.2.2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - 4.1.2.3. Malignant melanoma that has not caused invasion beyond the epidermis;
 - 4.1.2.4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - 4.1.2.5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - 4.1.2.6. Chronic lymphocytic leukaemia less than RAI stage 3
 - 4.1.2.7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

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4.1.2.8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

4.2. Myocardial Infarction (First Heart Attack Of Specific Severity)

4.2.1. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

4.2.1.1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

4.2.1.2. New characteristic electrocardiogram changes

4.2.1.3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers,

4.2.2. **Exclusions:** The following are excluded:

4.2.2.1. Other acute Coronary Syndromes

4.2.2.2. Any type of angina pectoris

4.2.2.3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4.3. Open Chest CABG

4.3.1. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures.

4.3.2. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

4.3.3. **Exclusions:** The following are excluded

4.3.3.1. Angioplasty and/or any other intra-arterial procedures

4.4. Open Heart Replacement Or Repair Of Heart Valves

4.4.1. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s).

4.4.2. The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

4.4.3. **Exclusions:** The following are excluded

4.4.3.1. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty.

4.5. Coma of Specified Severity

4.5.1. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

4.5.1.1. i. no response to external stimuli continuously for at least 96 hours;

4.5.1.2. ii. life support measures are necessary to sustain life; and

4.5.1.3. iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

4.5.2. The condition has to be confirmed by a specialist medical practitioner.

4.5.3. **Exclusions:** The following are excluded

4.5.3.1. Coma resulting directly from alcohol or drug abuse.

4.6. Kidney Failure Requiring Regular Dialysis

- 4.6.1. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out.
- 4.6.2. Diagnosis has to be confirmed by a specialist medical practitioner.

4.7. Stroke Resulting In Permanent Symptoms

- 4.7.1. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
- 4.7.2. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.
- 4.7.3. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- 4.7.4. **Exclusions:** The following are excluded
 - 4.7.4.1. Transient ischemic attacks (TIA)
 - 4.7.4.2. Traumatic injury of the brain
 - 4.7.4.3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4.8. Major Organ /Bone Marrow Transplant

- 4.8.1. The actual undergoing of a transplant of:
 - 4.8.1.1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - 4.8.1.2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- 4.8.2. **Exclusions:** The following are excluded
 - 4.8.2.1. Other stem-cell transplants
 - 4.8.2.2. Where only islets of langerhans are transplanted

4.9. Permanent Paralysis of Limbs

- 4.9.1. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord.
- 4.9.2. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

4.10. Motor Neuron Disease with Permanent Symptoms

- 4.10.1. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis.
- 4.10.2. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons.
- 4.10.3. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

4.11. Multiple Sclerosis with Persisting Symptoms

- 4.11.1. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - 4.11.1.1. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - 4.11.1.2. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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- 4.11.2. **Exclusions:** The following are excluded
4.11.2.1. Other causes of neurological damage such as SLE.

4.12. Benign Brain Tumor

- 4.12.1. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull.
4.12.2. The presence of the underlying tumor must be confirmed imaging studies such as CT scan or MRI.
4.12.3. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
4.12.3.1. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
4.12.3.2. Undergone surgical resection or radiation therapy to treat the brain tumor.
4.12.4. **Exclusions:** The following are excluded
4.12.4.1. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

4.13. Blindness

- 4.13.1. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:
4.13.1.1. corrected visual acuity being 3/60 or less in both eyes or ;
4.13.1.2. the field of vision being less than 10 degrees in both eyes.
4.13.2. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

4.14. Deafness

- 4.14.1. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist.
4.14.2. Total means 'the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing' in both ears.

4.15. End Stage Lung Failure

- 4.15.1. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
4.15.1.1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
4.15.1.2. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
4.15.1.3. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$) and
4.15.1.4. Dyspnea at rest.

4.16. End Stage Liver Failure

- 4.16.1. Permanent and irreversible failure of liver function that has resulted in all three of the following:
4.16.1.1. Permanent jaundice; and
4.16.1.2. Ascites; and
4.16.1.3. Hepatic encephalopathy.
4.16.2. **Exclusions:** The following are excluded
4.16.2.1. Liver failure secondary to drug or alcohol abuse is excluded.

4.17. Loss Of Speech

- 4.17.1. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords.
- 4.17.2. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

4.18. Loss Of Limbs

- 4.18.1. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease.
 - 4.18.1.1. This will include medically necessary amputation necessitated by injury or disease.
 - 4.18.1.2. The separation has to be permanent without any chance of surgical correction.
- 4.18.2. **Exclusions:** The following are excluded
 - 4.18.2.1. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

4.19. Major Head Trauma

- 4.19.1. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident.
- 4.19.2. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques.
- 4.19.3. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- 4.19.4. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- 4.19.5. The Activities of Daily Living are:
 - 4.19.5.1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - 4.19.5.2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - 4.19.5.3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - 4.19.5.4. Mobility: the ability to move indoors from room to room on level surfaces;
 - 4.19.5.5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - 4.19.5.6. Feeding: the ability to feed oneself once food has been prepared and made available.The following are excluded: Spinal cord injury

4.20. Primary (Idiopathic) Pulmonary Hypertension

- 4.20.1. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization.
- 4.20.2. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- 4.20.3. The NYHA Classification of Cardiac Impairment are as follows:
 - 4.20.3.1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - 4.20.3.2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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4.20.4. Exclusions: The following are excluded

4.20.4.1. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

4.21. Third Degree Burns

4.21.1. There must be third-degree burns with scarring that cover at least 20% of the body's surface area.

4.21.2. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area

RIDER TERMS AND CONDITIONS

5. Grace Period

5.1. Please refer to the Base Policy Document for details pertaining to the applicable Grace Period for this Rider.

6. Lapse

6.1. If We have not received the Rider Premium within the Grace Period, then the Rider will automatically Lapse at the expiry of the Grace Period.

6.2. Once Your Rider Lapses, all risk cover under the Rider will cease, and Waiver of Premium will not be available.

7. Non-forfeiture Benefits

7.1. Paid-Up Value

7.1.1. No Paid-Up value is applicable under the Rider.

7.1.2. Even if Paid-up Value is applicable under the Base Policy, this Rider will not have any Paid – up value.

7.2. Surrender Value

7.2.1. No surrender value is applicable under the Rider.

8. Revival

8.1. You may revive Your Lapsed Rider during the Revival Period subject to the Base Policy being In-Force or only along with the Base Policy and in accordance with the terms and conditions for Revival set out in the Base Policy Document. The Revival will be effected subject to the Board Approved Underwriting Policy of the Company. Please refer to the Base Policy Document for these details.

8.2. If a Lapsed Rider is not revived during the Revival Period, then the Rider will terminate and cannot be attached again to the Base Policy.

8.3. The Revival will be considered on receipt of written application from the Policyholder along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest.

8.4. The interest will be charged at a rate declared by the Company from time to time. The Company policy currently is based on the nominal interest rate per annum and is 250 basis points greater than the benchmark yield of Repo Rate as on 1st April of each of the Financial Year and it will be compounding on a half-yearly basis. The Repo Rate as on 1st April 2026 is 5.25%.

8.5. Any change in the basis for determining interest rate for Revival shall be made subject to prior approval of the Authority.

9. Rider Loan

9.1. No loan is available under this Rider.

10. Issuance of Physical Copy of Rider

- 10.1. Please refer to Clause II “*Conditions applicable during the Policy Term*” of the Base Policy for details pertaining to the issuance of duplicate Rider Document which apply under the Base Policy and to the Rider.

11. Policy Servicing

- 11.1. Please refer to Clause II “*Conditions applicable during the Policy Term*” of the Base Policy for details pertaining to the servicing of Rider which apply under the Base Policy and to the Rider.

EXCLUSIONS

12. Suicide Claim Provision

- 12.1. If the Life Assured, commits suicide, within 12 months from the Date of Commencement of the Rider or the date of Revival of the Rider, Waiver of Premium benefit will not be applicable and We will pay 80% of the Total Rider Premiums Paid till the date of death provided the Rider is In-Force.

13. Exclusions for Accidental Total Permanent Disability:

- 13.1. The Accidental Total Permanent Disability shall not be admitted if arising from or due to the consequences of or occurring during the events as specified below:
- 13.1.1. Infection: Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
 - 13.1.2. Drug Abuse: Life Assured under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered Medical Practitioner.
 - 13.1.3. Self-inflicted Injury: Intentional self- Inflicted Injury including the injuries arising out of attempted suicide.
 - 13.1.4. Criminal acts: Life Assured is involvement in Criminal and/or unlawful acts with criminal or unlawful intent.
 - 13.1.5. War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, act of foreign enemy, armed or unarmed truce, mutiny, rebellion, strikes or taking part in a riot or civil commotion.
 - 13.1.6. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation;
 - 13.1.7. Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.
 - 13.1.8. Aviation: Life Assured participation in any flying activity, other than as a passenger in a commercially licensed aircraft.
 - 13.1.9. Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.

14. Exclusions of Critical Illnesses:

- 14.1. For Illness specific exclusions please refer clause Part C (II) (4)

15. General Exclusions of Critical Illnesses:

- 15.1. The Waiver of Premium will not be applicable, if the covered Critical Illness results either directly or indirectly from any of the following causes:
- 15.1.1. Any Pre-Existing Disease, i.e. any condition, ailment, injury or disease:

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- 15.1.1.1. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; OR
- 15.1.1.2. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 15.1.2. This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception;
- 15.1.3. Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.
- 15.1.4. If the Life Assured dies within 30 days of the diagnosis of the covered Critical Illness.
- 15.1.5. Intentional self-inflicted injury, suicide or attempted suicide,
- 15.1.6. For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.
- 15.1.7. Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;
 - 15.1.7.1. Where, Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;
- 15.1.8. Participation by the insured person in a criminal or unlawful act with criminal intent;
- 15.1.9. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;
- 15.1.10. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;
- 15.1.11. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.
- 15.1.12. Any External Congenital Anomaly which is not as a consequence of Genetic disorder
- 15.1.13. Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event

III. CONDITIONS WHEN A CLAIM ARISES

1. Death Claim (applicable only in case where Proposer and Life Assured are different under the Base Policy):

- 1.1. The Claimant should intimate Us about the death of the Life Assured in writing, stating at least the Policy number, cause of death and date of death of the Life Assured.
- 1.2. We will require the following documents to process the claim:
 - 1.2.1. Base Policy and Rider Document
 - 1.2.2. Valid death certificate from municipal / local authorities
 - 1.2.3. KYC document of the Claimant
 - 1.2.4. Claimant's statement and claim forms in prescribed formats
 - 1.2.5. Hospital records including discharge summary, etc. wherever applicable

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- 1.2.6. Any other Documents including Post-mortem report, First Information Report where applicable
- 1.2.7. Any other Document which SBI Life may call, if found necessary in support of the claim
- 1.3. Claim under the Policy should be filed with Us at the earliest possible time following the claim event. Please note that delays may impact the claim settlement process. We reserve the right to request additional information or documentation to verify the validity of the claim and ensure a fair and efficient settlement process.
- 1.4. On the occurrence of any covered contingencies during the Premium Payment Term of the Rider, We will waive all the Future Premium (s) for the Base Policy and Rider (s), if any, and the Base Policy and Rider (s), if any, will continue to operate as an in-force, wherein, all the Future Premium (s), for the Base Policy and Rider (s), if any, will be paid by Us on Your behalf on the Premium Due Date.
- 1.5. For any claim related assistance, call Us at Our Claims Helpline on Toll free Number – 18002679090 (Customer Service Timing: 24X7) and Helpline for NRI customers: +91 22 6928 9090 (Customer Service Timing: 24X7).
- 1.6. You can write to Us on claims@sbilife.co.in and Senior citizens can also write to Us on claims.seniorcitizens@sbilife.co.in.

2. Accidental Total and Permanent Disability Claim

- 2.1. The Claimant should intimate Us about the disability of the Life Assured covered under the Rider in writing, stating at least the Policy number, occurrence and nature of disability of the Life Assured
- 2.2. We will require proof of Accident and disability including, First Information Report, hospital records etc. We may ask for additional records.
- 2.3. We reserve the right to call for further medical examinations if required. The same would be done by a specialist appointed by Us for this purpose. The Life Assured may also be required to undergo any diagnostic tests at any of the diagnostic centres appointed by Us.
- 2.4. In case of any failure to:
 - 2.4.1. provide the required proof of diagnosis or
 - 2.4.2. submit to any additional medical examinations, as required by Us or
 - 2.4.3. Undergo any tests at any of the diagnostics centers appointed by Us, We may not be able to process Your claim and pay You the benefit as applicable in time.
- 2.5. Claim should be filed with Us at the earliest possible time following the claim event. Please note that delays may impact the claim settlement process. We reserve the right to request additional information or documentation to verify the validity of the claim and ensure a fair and efficient settlement process.
- 2.6. On the occurrence of any covered contingencies during the Premium Payment Term of the Rider, We will waive all the Future Premium (s) for the Base Policy and Rider (s), if any, and the Base Policy and Rider (s), if any, will continue to operate as an in-force, wherein, all the Future Premium (s), for the Base Policy and Rider (s), if any, will be paid by Us on Your behalf on the Premium Due Date.
- 2.7. For any claim related assistance, call Us at Our Claims Helpline on Toll free Number – 18002679090 (Timings: 24x7) and Helpline for NRI customers: +91 22 6928 9090 (Customer Service Timing: 24X7).
- 2.8. You can write to Us on claims@sbilife.co.in and Senior citizens can also write to Us on claims.seniorcitizens@sbilife.co.in.

3. Critical Illness Claim

- 3.1. The Claimant should intimate Us about the illness of the Life Assured covered under this rider in writing, stating at least the Policy number, date of diagnosis of the CI and the nature of the illness/claim of the Life Assured.
- 3.2. We will require the following documents to process the claim :
 - 3.2.1. Base policy and rider document
 - 3.2.2. Claimant's statement and claim forms in prescribed formats

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- 3.2.3. Treating doctor's/physician's certificate
- 3.2.4. Attested True Copy of Indoor Case Papers of the Hospital(s)
- 3.2.5. Discharge Summary of Present and Past Hospitalizations
- 3.2.6. First Consultation and all Follow up consultation notes
- 3.2.7. Proof of the diagnosis of critical illness, satisfactory to the Insurer including medical reports including
 - 3.2.7.1. Laboratory Test Reports
 - 3.2.7.2. X-Ray/CT Scan/MRI Reports & Plates
 - 3.2.7.3. Ultrasonography Report
 - 3.2.7.4. Histopathology Report
 - 3.2.7.5. Clinical/Hospital Reports
 - 3.2.7.6. Angiography Reports & Plates
 - 3.2.7.7. Any other Investigation Report
- 3.2.8. Employer Certificate, where applicable
- 3.2.9. Leave records and mediclaim details, where applicable
- 3.2.10. KYC documents (Photo Id & address proof)
- 3.2.11. Any other document as the company may require depending on type / cause of claim
- 3.3. The Company reserves the right to call for further medical examinations if required. The same would be done by a Specialist appointed by the Company for this purpose. You may also be required to undergo any diagnostic tests at any of the diagnostic centers appointed by the Company.
- 3.4. In case of any failure:
 - 3.4.1. to provide the required proof of diagnosis or
 - 3.4.2. to submit any additional medical examinations, as required by the company or
 - 3.4.3. to undergo any tests at any of the diagnostic centres appointed by the companythe company shall reject the claim and shall not be liable to refund any premiums paid under this rider.
- 3.5. Claim should be filed with Us at the earliest possible time following the claim event. Please note that delays may impact the claim settlement process. We reserve the right to request additional information or documentation to verify the validity of the claim and ensure a fair and efficient settlement process.
- 3.6. We will reckon the date of occurrence of critical illness, for the above purpose as well as for the purpose of evaluating waiting period, as the date of diagnosis of the illness or condition.
- 3.7. On the occurrence of any covered contingencies during the Premium Payment Term of the Rider, We will waive all the Future Premium (s) for the Base Policy and Rider (s), if any, and the Base Policy and Rider (s), if any, will continue to operate as an in-force, wherein, all the Future Premium (s), for the Base Policy and Rider (s), if any, will be paid by Us on Your behalf on the Premium Due Date.
- 3.8. We may ask for additional information related to the claim.
- 3.9. The critical illness claim will not be admissible, if it falls under the exclusion list or if it is diagnosed during the waiting period or if the Life Assured dies during the survival period or if there is suppression of material facts or non-disclosure of material facts.
- 3.10. Only one critical illness claim is admissible during the entire term of the rider. Once the critical illness claim is admitted, further critical illness claims shall not be admissible and shall not be payable.
- 3.11. For some of the CIs, it might take a few months to ascertain the severity of the illness and the claim if admissible would be paid only after the stipulated months have elapsed. All due premiums shall continue to be paid until the claim is accepted.
 - 3.11.1. If the claim is accepted, we will refund the premiums paid after the date of diagnosis of the illness or condition.
- 3.12. For any claim related assistance, call Us at Our Claims Helpline on Toll free Number – 18002679090 (Timings: 24x7) and Helpline for NRI customers: +91 22 6928 9090 (Customer Service Timing: 24X7).
- 3.13. You can write to Us on claims@sbilife.co.in and Senior citizens can also write to Us on claims.seniorcitizens@sbilife.co.in.

IV. CONDITIONS FOR CANCELLATION OF THE POLICY

1. Free Look Period

- 1.1. You have a Free Look Period of 30 days beginning from the date of the receipt of the Rider Document, whether received electronically or otherwise, to review the terms and conditions of the Rider.
- 1.2. If You disagree with any of the Rider terms and conditions, or otherwise, You have an option to cancel the Rider by sending a written request to Us, stating the reasons for the same.
- 1.3. Upon Your request and if no claim has been made under the Rider, You shall be entitled to a refund of the Rider Premium paid subject only to a deduction of the proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the Life Assured and stamp duty charges, irrespective of the reasons mentioned.
- 1.4. You cannot revive or restore Your Rider once You have cancelled Your Rider during the Free Look Period.

2. Surrender

- 2.1. The in-force Rider may be surrendered at any time during the Rider Term with or without the surrender of the Base Policy.
- 2.2. If You Surrender Your Rider during the Rider Term, rider will terminate, and no benefit will be payable under the Rider.
- 2.3. We will require the Rider Document and other documentation as per our extant requirements to process the Surrender request.

3. Termination of Your Rider

- 3.1. Your Rider will terminate on the earliest of the following:
 - 3.1.1. Payment of the Free Look cancellation amount; OR
 - 3.1.2. Expiry of the Rider Term; OR
 - 3.1.3. Termination of the Base Policy; OR
 - 3.1.4. Payment of Surrender Value of Base Policy ; OR
 - 3.1.5. Expiry of the Revival Period for Base Policy; OR
 - 3.1.6. Expiry of the Revival Period for Rider OR
 - 3.1.7. Death of Life assured under the Base Policy

V. CONDITIONS FOR GRIEVANCE REDRESSAL

1. Please refer to Clause V “Conditions for Grievance Redressal” of the Base Policy for details pertaining to the grievance redressal procedure which apply under the Base Policy and to the Rider.

VI. OTHER TERMS AND PROVISIONS

1. Please refer to Clause VI “*Other Terms and Provisions*” of the Base Policy Document for details pertaining to other terms and provision such as communications, taxation, assignment, governing laws and jurisdiction etc. which apply under the Base Policy and to the Rider.
2. Section 45 of the Insurance Act 1938, as amended from time to time
 - 2.1. On cancellation of Base Policy, the Rider will also get cancelled. Section 45 for the Rider shall be applicable from the date of attachment of Rider to the Base Policy or from the date of revival of the Rider, as applicable.
[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in base policy for reference.]

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CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY
SBI Life – Waiver of Premium Rider - Linked (UIN: 111A049V01)

This document provides key information about your Rider. You are advised to go through your Rider Document.

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Rider Clause Number
1	Name of the Insurance Rider/Policy	SBI Life - Waiver of Premium Rider - Linked (UIN: 111AXXXVXX)	Part A of Rider
2	Policy Number	_____	Part A of Base Policy
3	Type of Insurance/Rider	It is an Individual, Linked, Non-Participating, Health Insurance Pure Risk Rider	Part A of Rider
4	Rider Sum Assured	Individual Sum Assured: <<as allotted by the system>>	Part A of Base Policy
5	Rider Coverage (What the rider covers?)	This rider provides for waiver of the Future Premium (s), from the date of occurrence of the covered contingencies. On the occurrence of any covered contingencies during the Premium Payment Term of the Rider, We will waive all the Future Premium (s) for the Base policy and Rider (s), if any, and the Base Policy and Rider (s), if any, will continue to operate as an in-force, wherein, all the Future Premium (s), for the Base Policy and Rider (s), if any, will be paid by Us on Your behalf on the Premium Due Date. Covered contingencies will depend on the whether the Proposer and Life Assured are same or different under the Base Policy to which this Rider is attached. • If Proposer and Life Assured are same under the Base Policy, covered contingencies are: ○ Accidental Total Permanent Disability (ATPD) ○ Diagnosis of any one of the covered Critical Illness (CI) • If Proposer and Life Assured are different under the Base Policy, covered contingencies are: ○ Death of the Proposer ○ Accidental Total Permanent Disability (ATPD) of the Proposer ○ Diagnosis of any one of the covered Critical Illness (CI) of the Proposer	Part C Clause II (1) (1.3 & 1.4)
6	Exclusions (What the Rider does not cover)	Exclusions for Accidental Total Permanent Disability: The Accidental Total Permanent Disability shall not be admitted if arising from or due to the consequences of or occurring during the events as specified below: • Infection: Disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.	Part C Clause II (13)

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		• Drug Abuse: Life Assured under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered Medical Practitioner. • Self-inflicted Injury: Intentional self- Inflicted Injury including the injuries arising out of attempted suicide. • Criminal acts: Life Assured is involvement in Criminal and/or unlawful acts with criminal or unlawful intent. • War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, act of foreign enemy, armed or unarmed truce, mutiny, rebellion, strikes or taking part in a riot or civil commotion. • Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organisation; • Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature. • Aviation: Life Assured participation in any flying activity, other than as a passenger in a commercially licensed aircraft. • Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping. 4. Exclusions of Critical Illnesses: For Illness specific exclusions please refer clause Part C (II) (4) 5. General Exclusions of Critical Illnesses: The Waiver of Premium will not be applicable, if the covered Critical Illness results either directly or indirectly from any of the following causes: • Any Pre-Existing Disease, i.e. any condition, ailment, injury or disease: ○ That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; OR ○ For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy. ○ This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by insurer at inception; • Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.	Part C Clause II (14) & (15)
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		• If the Life Assured dies within 30 days of the diagnosis of the covered Critical Illness. • Intentional self-inflicted injury, suicide or attempted suicide, • For any medical conditions suffered by the Life Assured or any medical procedure undergone by the Life Assured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner. • Engaging in or taking part in hazardous activities, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not; ○ Where, Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not; • Participation by the insured person in a criminal or unlawful act with criminal intent; • For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature; • For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time; • For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable. • Any External Congenital Anomaly which is not as a consequence of Genetic disorder • Failure to seek medical advice or treatment by a medical practitioner leading to occurrence of the insured event	
7	Waiting period • Time period during which specified diseases/treatments are not covered.	waiting period is the period starting from Rider policy inception or date of Rider revival during which no rider (Waiver of Premium) benefits will be admissible in case of occurrence of specified Critical Illnesses covered and is a period of 90 days from Rider Policy inception or from any subsequent Rider reinstatement, whichever is later.	

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	It is counted from the beginning of the policy coverage		
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured) iii. Deductible (It is a specified: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	no sub-limit, co-payment or deductible applicable.	
9	Claims / Claims Procedure	It is a condition precedent to Our liability under this Rider that on the occurrence of an event giving rise to a claim under this Rider, the Claimant shall give Us a written notification of the claim at earliest possible time. This written notification shall specify at	Part C Clause (III)

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		least the policy number and provide details in relation to the cause and date of death/ the occurrence of Accidental Total Permanent Disability / the diagnosis of covered Critical Illness. - For details, please refer the Claims section of the Rider document. - Based on the information and documentation provided to Us in respect of the claim, We may call for any other documents or information, if found necessary by Us in support of the claim.	
10	Policy Servicing	- Turn Around Time (TAT): https://www.sbilife.co.in/services download 'Turn Around Times' pdf - Helpline/Call Centre Number: - Toll free no.: 1800 267 9090 (Customer Service Timing: 24X7). - NRI Helpline No.: +91-22 6928 9090 (Customer Service Timing: 24X7) - Our Contact Details: For any information/ clarification, please contact: Your local SBI Life service branch: <<SBI Life branch address>> - Link for downloading applicable forms and list of documents required including bank account details. - Various forms are available on SBI Life Website: https://www.sbilife.co.in/customer-services/download-centre/policy-servicing-forms	Welcome Letter of Base Policy
11	Grievance/Complaints	- Contact details of Grievance Redressal Officer: SBI Life Insurance Company Limited Central Processing Centre 7th Level (D Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No R-1, Sector - 40, Seawoods, Nerul Node, Navi Mumbai - 400706 Telephone No. 022-6645 6200 Email - wecare@sbilife.co.in Senior citizens can also write to Us on wecare.seniorcitizen@sbilife.co.in - Link for registering the grievance with Our portal: https://www.sbilife.co.in/en/grievances - Contact details of Ombudsman: https://cioins.co.in/ombudsman	Part C Clause (V)
12	Things to remember	Grace Period: As per the Base Policy Free Look Cancellation: 30 days from the date of receipt of Rider document Rider Renewal: Your rider's renewal premium shall be payable along with the renewal premium for Base Policy.	Part C Clause (II) (5) Part C Clause (IV)(I)
13	Your Obligations	Please provide correct, complete and accurate information in the proposal form for this Rider and disclose fully all pre-existing disease/s or condition/s of the Life Assured before buying this Rider. Note: Non-disclosure or misrepresentation may affect the claim settlement.	

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Declaration by the Policyholder:

I have received the above and I have read & confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Product related documents including the customer information sheet are available on Our website www.sbilife.co.in
- ii. In case of any conflict, the terms & conditions mentioned in the Base Policy Document/Rider Document shall prevail.